



2008/2009 Retail Dining Authorization and Billing Form

Dining Services' Use Only

TICKET NO:

VENDOR INFORMATION	DEPARTMENT INFORMATION
Sodexo Retail Dining Operations UNIT TO PROVIDE SERVICES: One Shields Avenue 146 Student Housing Davis, CA 95616 www.dining.ucdavis.edu	Contact Name:
	Department Name:
	Contact Phone:
	Contact Fax:
	Contact Email:
	BILLING INFORMATION
	Department Purchase Order
EVENT INFORMATION	DPO Number:
Name of Host:	Credit Card*, Cash
Event Date:	<i>Payment may be made with cashier at time of service.</i>
Day of Week:	Send Invoice To:
Time of Event:	Billing Address:
Location of Event:	Billing Phone and Fax:
Guest Count:	Billing Email:
ORDER INFORMATION	
Type of Expense:	Breakfast Lunch Dinner Light Refreshments
Order Details: <i>(include food and beverage items to be supplied if receipt not available)</i>	

I need meal tickets or "With Our Compliments" Card in advance.* Cards are non-refundable. Silo Union and Scrubs only.

I do not need meal tickets. An actual head count will be taken at the time of arrival.

1. I have read this food service contract and by signing below agree to the arrangements as stated.
2. I hereby certify that the above is a true statement of entertainment expenses related to official university business, and that I am aware of the policies governing the use of university controlled funds for entertainment (p&p 330-80).
3. I understand that I am financially responsible to pay for 100% of the final guarantee and that there may be a penalty fee for late cancellations.
4. Credit card, as well as cardholder, must be present at the time of service, unless prior arrangements are made with the unit manager of desired service location. **Please fax a completed authorization form 24 hours in advance of your reservation date.**

Gunrock Pub – 754.5484; fax, 752-6460
 Silo Union – 752-8525; fax, 752-5017
 Scrubs – 754-5368; fax, 752-4276

Number of Guests:	
Meal Ticket Price <i>(if applicable):</i>	
Tip:	
Initial for Tip:	
Subtotal:	
Sales Tax:	
TOTAL:	

Approved for Payment

Signed: _____ Purchase Order Payment	Signed: _____ Credit Card Accountholder Payment
Printed Name: _____	Printed Name: _____

For Accounting Purposes Only, DO NOT WRITE BELOW LINE

H://Retail Dining/Pub/08.09 DPO Retail Group Dining Auth Form; Updated 12.29.08

Manager Approval: _____